

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90041 033 \*\*\*150.00

022985

**DOCUMENT # P00000015885**

1. Entity Name  
**FAMILY HEALTH AND WELLNESS CENTER, P.A.**

Principal Place of Business <b>2300 NE 196 ST.          MIAMI FL 33180</b>	Mailing Address <b>2300 NE 196 ST.          MIAMI FL 33180</b>
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2. Principal Place of Business <b>800 E Hallandale Bch Blvd          Suite #14</b>	3. Mailing Address <b>800 E Hallandale Beach Blvd          Suite #14</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Hallandale Beach, FL</b>	City & State <b>Hallandale Beach, FL</b>	4. FEI Number <b>651000509</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33009</b>	Country <b>Broward</b>	Zip <b>33009</b>	Country <b>Broward</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PANIRY, LISA M D.C.  
 2625 N.E. 14TH AVE.  
 FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent  
 Name **Paniry, Lisa M D.C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**800 E Hallandale Bch Blvd  
 Suite 14**  
 City **Hallandale Bch** **FL** Zip Code **33009**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **3/26/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD                      PANIRY, LISA M                      2625 N.E. 14TH AVE.                      FT. LAUDERDALE FL 33334</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD                      Paniry, Lisa M                      800 E Hallandale Bch Blvd Suite 14                      Hallandale Beach, FL 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3/26/01** DAYTIME PHONE # **954-455-2030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)